

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/27/2012
NAME OF PROVIDER OR SUPPLIER HILLVIEW HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETH TN, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 835	<p>1200-8-6-.08 (5) Building Standards</p> <p>(5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure alterations to the facility are made with prior approval from the Department of Health.</p> <p>The findings include: Observation with the Maintenance Director, in the facility on November 27, 2012 at 1:30 p.m. confirmed all exits from the facility were locked with magnetic locking hardware. Interview with the Administrator in his office November 27, 2012 at 1:30 p.m. confirmed the facility failed to obtain approval from the Department of Health for the installation of magnetic locking hardware on the exits from the facility.</p>	N 835	<p>N835</p> <p>Two complete sets of plans and specifications will be sent to the Department of Health for approval of the magnetic locking hardware on the exits from the facility. A licensed architect will assist in the review and submittal of the appropriate plans to ensure they accurately detail the information that is required for approval. Any new remodel plans and specifications of the facility that has been completed will be sent in to the Department of Health for approval as well. Administrator, Architect, and Maintenance Director will work closely with the Department of Health to ensure the appropriate information is submitted. Approval of plans will be obtained by 1/31/13.</p>	12/31/12

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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11/21/12

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 835	Continued From page 1 These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 27, 2012.	N 835			